	HEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		OR LINI check or		IUMBER: one)			PAGE 11 / 12		
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23		4 Bc	25 29	26 30b	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee											
	NAME OF COMMITTEE (In Full) The Doctors' Company Federal PAC (DC										
۹.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address P.O. Box 10541				Transaction ID: SB23.10229 Date of Disbursement O 6 M / D 1 D / Y Y Y O O 6						
	City Napa	State Zip Code CA 94581			Amou	ınt of Ea	ach Disbu	rsemer	nt this F	Period	
	Purpose of Disbursement Political Contribution Candidate Name		0. Cate	11 gory/	L.				500.	00	
	MIKE THOMPSON FOR CONGRESS Office Sought: X House Senate President State: CA District: 01	ement For: 2006 Primary X General Other (specify)	Ту	pe							
_	Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER			Transaction ID: SB23.10212 Date of Disbursement							
	Mailing Address PO BOX 1248					05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	City BIG SANDY	State Zip Code MT 59520			Amou	int of Ea	ach Disbu		nt this F		
	Purpose of Disbursement Political Contribution Candidate Name								1000.	50	
		ement For: 2006 Primary General Other (specify)	Ту	pe	_						
Э.	Full Name (Last, First, Middle Initial) MORROW CONGRESSIONAL COMMITTEE			Transaction ID: SB23.10200 Date of Disbursement							
	Mailing Address c/o Lacee Beaulieu 121 Broadway, Suite 535				0 ^M 4	M /	^D 0 6	Y 2	žoóe	3 ^Y	
	City San Diego	State Zip Code CA 92101			Amou	int of Ea	ach Disbu	rsemer			
	Purpose of Disbursement Political Contribution Candidate Name Cated				500.00						
	MORROW CONGRESSIONAL COMMITTEE			gory/ pe							
	Senate President	ement For: 2006 Primary General Other (specify) Il-Primary									
SUBTOTAL of Disbursements This Page (optional)											
TC	OTAL This Period (last page this line number onl	·)		•							